

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>Nevada Advocates for Planned Parenthood Affiliates</b>		3. FEC Identification Number <b>C</b> C90010729
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 550 W Plumb Lane Suite B104		
(c) City, State and ZIP Code Reno NV 89509		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☒ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☐ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2011  
THROUGH  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2011

6. TOTAL CONTRIBUTIONS ..... 1550.00

7. TOTAL INDEPENDENT EXPENDITURES ..... 865.95

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*[Electronically Filed]*

Elisa Cafferata

Elisa Cafferata

10/11/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## Nevada Advocates for Planned Parenthood Affiliates

<b>D. Full Name (Last, First, Middle Initial)</b> Brian and Anne Menzel			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>08 / 31 / 2011</div> </div>	
Mailing Address 1720 Oval Circle			<b>Transaction ID : 5AC2011-2649438</b>	
City Las Vegas	State NV	Zip Code 89117	Amount of Each Receipt this Period <div> <div></div> <div>250.00</div> </div>	
FEC ID number of contributing federal political committee.				
Name of Employer None			Occupation Retired	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	▶	1450.00

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Nevada Advocates for Planned Parenthood Affiliates

Full Name (Last, First, Middle Initial) of Payee American Directions Group		Date MM / DD / YYYY 09 / 07 / 2011	
Mailing Address 1350 Connecticut Ave NW Ste 1102		Amount 381.30	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Get Out The Vote calls		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kate Marshall		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 865.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special General	
Full Name (Last, First, Middle Initial) of Payee American Directions Group		Date MM / DD / YYYY 09 / 12 / 2011	
Mailing Address 1350 Connecticut Ave NW Ste 1102		Amount 364.65	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Get Out The Vote calls		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kate Marshall		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 865.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special General	
Full Name (Last, First, Middle Initial) of Payee Convio		Date MM / DD / YYYY 09 / 12 / 2011	
Mailing Address PO Box 671445		Amount 120.00	
City Dallas	State TX	Zip Code 75267	
Purpose of Expenditure Get Out The Vote emails		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kate Marshall		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 865.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2011 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special General	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		865.95	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....			
(c) <b>TOTAL</b> Independent Expenditures ..... (carry total from last page forward to Line 7)		865.95	